

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SAB	412	7/7
O.I.P.E. CLASSIFIER	D.P.	22XX	3-7-98
FORMALITY REVIEW	(initials)	296666	5/6/98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1/9/98
2	1/11/98
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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